



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES

129 PLEASANT STREET, CONCORD, NH 03301
603-271-9410 1-800-852-3345 Ext. 9410

Nicholas A. Toumpas
Commissioner

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Nancy L. Rollins
Associate
Commissioner

Approved by G+C

Date 4-17-13

March 20, 2013

Item # 50

Her Excellency, Governor Margaret Wood Hassan
and the Honorable Council
State House
Concord, New Hampshire 03301

Contract # 1029428

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Community Based Care Services to enter into an agreement with the University of New Hampshire, vendor number 177867-B046, to provide project management services necessary to advance the Balancing Incentive Program (BIP) in multiple Department program areas and within communities statewide, in an amount not to exceed \$782,162.00 effective April 17, 2013, or date of Governor and Executive Council approval, whichever is later, through June 30, 2014. Funds to support this request are available in the following account with authority to adjust amounts if needed and justified between State Fiscal Years.

**05-95-95-958010-3316 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS,
HHS:COMMISSIONER, COMMUNITY BASED CARE SERVICES, BALANCING INCENTIVE
PROGRAM**

<u>Class/Object</u>	<u>Class Title</u>	<u>Activity Code</u>	<u>FY 2013</u>	<u>FY 2014</u>
102-500732	Contracts for Program Services	95800833	\$94,971.00	\$687,191.00

EXPLANATION

The purpose of this request is to provide project management resources to the Division of Community Based Care Services in the areas of development, implementation and monitoring of infrastructure, policy and programmatic enhancements to New Hampshire's Medicaid long-term care services and supports system.

The goal of the Balancing Incentive Program (BIP) is to re-balance Medicaid spending between institutional and non-institutional long-term care by enhancing access to and offerings of community-based long-term services and supports, which will allow those needing long-term care through Medicaid to remain in their homes and communities to the greatest extent possible (while keeping institutional services available when they are needed).

Through a collaborative partnership between the Department, consumers, families, caregivers and providers, a statewide system is being developed. BIP will improve information about community long-term care services and supports, streamline application and eligibility determination processes, assist those applying for services, and strengthen the existing infrastructure across the long-term system of care. BIP is working with community partners to identify needs, gaps and opportunities to improve the system of care in NH, and provide funding and support to implement local efforts that will respond to these most effectively and efficiently. Finally, BIP is funding trainings to allow providers, staff, families, and caregivers to utilize practices that are proven to be successful in keeping those in need of long-term services and supports in their communities and out of

institutions. All these efforts are building on New Hampshire's successes over the last 30 years, leveraging the strengths of our current agencies and providers, and actively collaborating with a number of Department and stakeholder initiatives going forward.

The University of New Hampshire, as the Project Management Entity for BIP, will support the Department by providing technical assistance, capacity and experience, collaborating with the Department and external stakeholders, and operating under the direction of the Department, to fulfill the following responsibilities:

- Performance of project management services.
- Coordination of the planning, development and implementation of infrastructure enhancements.
- Coordination of community services and supports initiatives.
- Coordination of specified training initiatives.
- Provision of fiscal intermediary services.

The University of New Hampshire was selected through a competitive bid process. A request for proposals was posted on the Department of Health and Human Services website from December 7, 2012 to January 15, 2013. Although two letters of intent were submitted, one combined proposal was submitted for consideration. The five member evaluation committee, following the criteria listed in the Request For Proposals, scored the original proposal as receiving 356 out of a possible 500 points. The Bid Summary is attached.

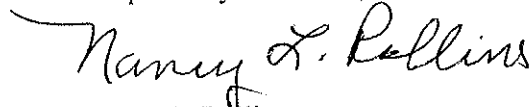
Should Governor and Executive Council determine not to approve this request, the Department will lack resources to fully implement the opportunities and enhancements made available through BIP. This will result in more individuals in need of long-term care being unable to obtain needed services and supports in their communities, resulting in increased utilization of higher cost institutional services. In addition, a certain number of people currently being cared for in institutional settings will have to remain in those settings, due to the continued shortage of available community services and supports that could fulfill their needs.

Area served: statewide.

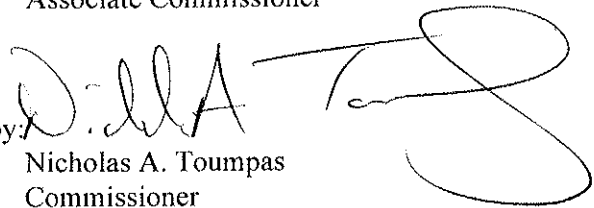
Source of funds: 100% Federal Funds.

In the event Federal Funds become no longer available, General Funds will not be requested to support this program.

Respectfully submitted,



Nancy L. Rollins
Associate Commissioner

Approved by: 
Nicholas A. Toumpas
Commissioner

BIP PROJECT MANAGEMENT SERVICES PROPOSAL FINAL SCORES														
			RFP SECTION *											
	TOTAL													
RANKING	SCORE *	ORGANIZATION	I. A.	I. B.	I. C.	I. D.	I. E.	II.	III.	IV.	V.	VI.	VII.	VIII.
1	356	University of New Hampshire	35	37	36	36	36	44	21	22	16	37 #	16	20

RFP Sections @

I. Technical Proposal:

- A. Project Management Services (10 points)
- B. Development and Implementation of the NH BIP Workplan Deliverables (10 points)
- C. Coordination of Specified Training Initiatives (10 points)
- D. Coordination of Community Supports and Services Initiatives (10 points)
- E. Fiscal Intermediary Services (10 points)
- II. Demonstrated Competence (10 points)
- III. Direct Experience (5 points)
- IV. References (5 points)
- V. Staffing Plan (5 points)
- VI. Budget (15 points)
- VII. Budget Narrative (5 points)
- VIII. Overall Quality of Response to RFP (5 points)

NOTES:

* - The figures for each RFP Section are sums of the scores awarded by each reviewer.

The Total Score is the sum of the combined scores for each RFP section.

There is a maximum total of 500 points for each proposal (maximum of 100 points by each reviewer).

- One reviewer did not feel qualified to evaluate the budget proposal.

@ - The maximum points value for each section is indicated in parentheses after the title of the section.

Review Team Members

Nanci Collica	Chair, State Behavioral Health Advisory Council	(Did not score Budget section)
Michele Harlan	Program Planning & Review Specialist, Bureau of Behavioral Health, DHHS	
Jane Hybsch	Administrator, Office of Medicaid Business and Policy, DHHS	
Joey Rolfe	Clinical Director, Life Coping, Inc.	
Erica Ungarelli	Administrator, Division for Children, Youth and Families, DHHS	

COOPERATIVE PROJECT AGREEMENT

between the

STATE OF NEW HAMPSHIRE, **Department of Health and Human Services**

and the

University of New Hampshire of the UNIVERSITY SYSTEM OF NEW HAMPSHIRE

- A. This Cooperative Project Agreement (hereinafter "Project Agreement") is entered into by the State of New Hampshire, **Department of Health and Human Services**, (hereinafter "State"), and the University System of New Hampshire, acting through **University of New Hampshire**, (hereinafter "Campus"), for the purpose of undertaking a project of mutual interest. This Cooperative Project shall be carried out under the terms and conditions of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified herein.
- B. This Project Agreement and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire approve this Project Agreement ("Effective date") and shall end on **6/30/14**. If the provision of services by Campus precedes the Effective date, all services performed by Campus shall be performed at the sole risk of Campus and in the event that this Project Agreement does not become effective, State shall be under no obligation to pay Campus for costs incurred or services performed; however, if this Project Agreement becomes effective, all costs incurred prior to the Effective date that would otherwise be allowable shall be paid under the terms of this Project Agreement.
- C. The work to be performed under the terms of this Project Agreement is described in the proposal identified below and attached to this document as Exhibit A, the content of which is incorporated herein as a part of this Project Agreement.

Project Title: Project Management Services for the Balancing Incentive Program

- D. The Following Individuals are designated as Project Administrators. These Project Administrators shall be responsible for the business aspects of this Project Agreement and all invoices, payments, project amendments and related correspondence shall be directed to the individuals so designated.

State Project Administrator

Name: Donald Hunter
Address: NH DHHS
Bureau of Behavioral Health
105 Pleasant St.
Concord, NH 03301-3825
Phone: 603-271-5049

Campus Project Administrator

Name: Dianne Hall
Address: University of New Hampshire
Sponsored Programs Administration
51 College Rd. Rm 116
Durham, NH 03824
Phone: 603-862-1942

- E. The Following Individuals are designated as Project Directors. These Project Directors shall be responsible for the technical leadership and conduct of the project. All progress reports, completion reports and related correspondence shall be directed to the individuals so designated.

State Project Director

Name: Donald Hunter
Address: NH DHHS
Bureau of Behavioral Health
105 Pleasant St.
Concord, NH 03301-3825
Phone: 603-271-5049

Campus Project Director

Name: Sue Fox
Address: University of New Hampshire
Institute on Disability
56 Old Suncood Rd. Suite 2
Concord, NH 03301
Phone:

- F. Total State funds in the amount of **\$782,161** have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

Check if applicable

☐ Campus will cost-share % of total costs during the term of this Project Agreement.

- ☒ Federal funds paid to Campus under this Project Agreement are from Grant/Contract/Cooperative Agreement No. **05-1205NHBIPP** from **Department of Health and Human Services** under CFDA# **93.778**. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

G. Check if applicable

- ☒ Article(s) **18** of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002 is/are hereby amended to read:

Title to data (which is herein defined as including, but not limited to, software, writings, sound recordings, pictorial reproductions, drawings or other graphical representations, reports, blueprints, training materials, informational materials, brochures and works of any similar nature, whether or not copyrighted or copyrightable) first produced or composed by University System employees and/or students in the performance of this Project Agreement shall be the sole and exclusive property of the State, who shall have the sole right to determine the disposition of copyrights or other rights resulting therefrom, however, that the State shall grant to the University a non-exclusive, perpetual, royalty-free license to reproduce, modify and use all such data for its own non-commercial purposes.

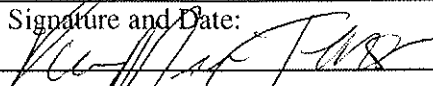
- H. ☒ State has chosen **not to take** possession of equipment purchased under this Project Agreement.
☐ State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

This Project Agreement and the Master Agreement constitute the entire agreement between State and Campus regarding this Cooperative Project, and supersede and replace any previously existing arrangements, oral or written; all changes herein must be made by written amendment and executed for the parties by their authorized officials.

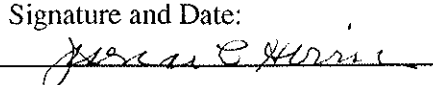
IN WITNESS WHEREOF, the University System of New Hampshire, acting through the **University of New Hampshire** and the State of New Hampshire, **Department of Health and Human Services** have executed this Project Agreement.

**By An Authorized Official of:
University of New Hampshire**

Name: Karen M. Jensen
Title: Manager, Sponsored Programs Administration


Signature and Date:  3/14/13

**By An Authorized Official of: the New
Hampshire Office of the Attorney General**

Name: Sharon P. Herlihy
Title: Attorney
Signature and Date:  3/25/13

**By An Authorized Official of:
Department of Health and Human
Services**

Name: Nancy Rollins
Title: Associate Commissioner, Div for
Community Based Care Services

Signature and Date:  20 Mar 2013

**By An Authorized Official of: the New
Hampshire Governor & Executive Council**

Name: _____
Title: _____
Signature and Date: _____

EXHIBIT A

A. Project Title: Project Management Services for the Balancing Incentive Program

B. Project Period: Governor and Council Approval - June 30, 2014

C. Objectives: Refer to Scope

D. Scope of Work:

3.1 Overview

The contractor (referred to in this Exhibit as the Project Management Entity or PME) will provide project management services necessary to advance the Balancing Incentive Program (BIP) in multiple DHHS program areas and within the community by assisting in the development, implementation and monitoring of infrastructure, policy and programmatic enhancements to New Hampshire's Medicaid long-term care services and supports system.

In order to meet the priorities and goals of BIP, the PME will work collaboratively with DHHS and external stakeholders. Unless clearly stated otherwise, the term "stakeholders" includes consumers, family members, caregivers, community partners and providers. DHHS is committed to representation by and involvement of stakeholders in all aspects of BIP and requires the PME to practice this same commitment.

The PME shall be accountable to and operate under the direction of DHHS. The PME shall support DHHS by providing technical assistance, capacity and experience to fulfill the responsibilities identified in this Exhibit. These responsibilities include, but are not limited to:

- Performance of project management services.
- Coordination of the planning, development and implementation of NH BIP Work Plan deliverables.
- Coordination of specified training initiatives.
- Coordination of community services and supports initiatives.
- Fiscal intermediary services for all BIP funds disbursed to the project management entity as well as to PME subcontractors and all contracts awarded for BIP deliverables and initiatives.

Further details are set out in the following sections.

3.1.1. Project Management Services

The PME will provide project management services including, but not limited to the following:

- Coordinating the planning, development and implementation of deliverables identified by DHHS as necessary to support and implement BIP initiatives.
- Establishing collaborative relationships with DHHS and stakeholders throughout the state and fully engaging DHHS and stakeholders in efforts related to BIP deliverables and initiatives. Unless clearly stated otherwise, "stakeholders" include consumers, family members, caregivers, community partners and providers.
- Planning, scheduling, convening, facilitating, participating in, and providing technical assistance and support for meetings of BIP committees and workgroups.
- o The PME will prepare and distribute notes from meetings of all BIP committees and workgroups.
- Preparing or compiling all documents and materials necessary to respond to requests from DHHS and/or stakeholders.

- Preparing or compiling all documents and materials necessary to respond to requests from DHHS and/or stakeholders.
- Coordinating project proposals and requests for BIP funding, including receipt, organization and review of proposals and requests, along with meetings and any other activities associated with proposals and requests. Proposals and requests will cover activities necessary to fulfill the NH BIP Work Plan objectives, a variety of training efforts, and initiatives related to enhancing long-term care services and supports in community settings.
- o For proposals received and requests approved by DHHS (prior to and after the initiation of this contract) the PME will develop, issue and coordinate review of RFP's, develop and award contracts pursuant to DHHS approval, disburse and track funds, monitor implementation and progress of awarded initiatives, and track performance indicators and outcomes measures.
- o In instances when there is a potential for conflict of interest, the PME will not participate in these activities.
- o To maximize transparency and accountability, every RFP developed by the PME shall include relevant materials regarding work done by BIP committees, workgroups or staff.
- ☐ RFP's for the NH BIP Workplan shall include relevant deliverables, both submitted and in progress, along with notes from groups working on the deliverables.
- ☐ RFP's for training initiatives shall include materials reflecting any training models or evidence-based practices that DHHS is seeking.
- ☐ RFP's for community services and supports initiatives shall include all submission and review documents, along with notes from any groups or committees that have considered the specific initiative going out to bid.
- ☐ RFP's for information technology shall include materials relevant to the background and considerations that lead to the need for and decision to go out to bid.
- Assisting in analysis, development, and review of budgets for approved proposals and requests.
- Collaborating with DHHS to ensure coordination and integration of BIP and other projects related to enhancing community-based long-term services and supports, with the overall DHHS plan for long-term care. These projects include initiatives designed to reduce unnecessary utilization of institutional care and make those in need of Medicaid long-term services and supports more aware of less restrictive and lower-cost alternatives to receive care in community settings.
- Assisting DHHS in working with CMS and other federal agencies to identify opportunities to leverage other programs whose goals are aligned with BIP and to secure authorization to utilize revenue enhancement strategies and other funding sources to support the structural requirements of BIP. The PME will focus on opportunities to create an integrated long-term supports and services system that leverages other opportunities that DHHS is participating in. These efforts will not preclude, but will have a higher priority than procuring new grants, unless agreed upon by DHHS.
- Assisting in development and submission of BIP updates, documentation and reports to DHHS and CMS as required.
- Collaborating with DHHS to identify and collect data for qualitative and quantitative performance measures and outcomes. These measures and outcomes will be developed for each infrastructure deliverable set out in the detailed project plan, as well as each training initiative and community services and supports initiative. These measures and outcomes will be set out in the plan for performance monitoring.
- Tracking BIP efforts and documenting their impact on access and availability of Medicaid community-based long-term services and supports.
- o The PME will work with DHHS and stakeholders to design and develop a dashboard to reflect long-term care and the impact of BIP on utilization of community services and supports. The PME will review and consider those data elements already available as well as additional elements not currently collected.

- Providing technical assistance and support necessary to analyze, define, develop, test, and implement necessary business requirements. This includes assistance in developing and implementing a procurement strategy for information technology services needed to implement the required structural changes. These efforts will be in accordance with DHHS and DoIT guidelines and requirements.
- Ensuring that all NH BIP Workplan requirements are met and invoices for all projects are appropriately processed no later than September 30, 2014.

Detailed Project Plan: Within 30 days of Governor and Council approval of this contract, the PME, in conjunction with DHHS, will develop a detailed project plan that identifies deliverables, assigns resources and sets reasonable timelines for completion of the deliverables. The project plan will list all major objectives and interim tasks included in the NH BIP Workplan along with training activities, the infrastructure components of community services and supports initiatives, and any additional areas agreed upon by DHHS and the PME.

Performance Monitoring: DHHS will monitor this contract via performance measures. Within 60 days of Governor and Council approval of this contract, the PME, in conjunction with DHHS, will develop a plan for performance monitoring that will list all tasks, persons responsible, and expected completion dates. This plan will cover performance objectives and requirements and serve to assess the effectiveness of each project and for project management services overall. This information will be routinely communicated to DHHS and stakeholders.

Meetings and Communication with DHHS: The PME will be required to participate in meetings with DHHS (on at least a monthly basis or more frequently, as required by DHHS) to discuss planning, progress, challenges, opportunities, and options regarding all BIP-related tasks and activities. Meetings will be conducted in-person at DHHS. In certain circumstances, phone meetings or meetings via videoconferencing may be substituted for in-person meetings if approved by the BIP Project Manager. The PME will designate a liaison to DHHS, whose primary office location will be provided by and located at DHHS. The liaison will provide day-to-day support to the DHHS BIP management team.

Revisions or Modifications: During the course of this project period it may be necessary to revise or modify the tasks and deliverables designed to meet the objectives identified in this Exhibit. DHHS staff will work with the PME to develop a mutually agreed upon solution that takes into consideration staff resources and reasonable timelines for completion. The above-mentioned project plan will be adjusted accordingly, but in no case will timelines extend beyond the BIP project period.

3.1.2. NH BIP Workplan Deliverables

The PME, in collaboration with DHHS, will develop and implement the infrastructure enhancements required under the NH BIP Workplan.

The specific NH BIP Workplan deliverables will be included in the detailed project plan. For each major objective and task, the project plan will identify necessary activities, timelines for completion, assigned resources, and expected deliverable outcomes.

The PME will support these efforts through:

- Continuing infrastructure efforts initiated prior to approval of this contract.

- Leveraging existing partners to create a single statewide network for all long-term services and supports.
- Establishing collaborative relationships with DHHS and stakeholders throughout the state and fully engaging DHHS and stakeholders. Unless clearly stated otherwise, “stakeholders” include consumers, family members, caregivers, community partners and providers.
- Assisting in the creation and implementation of a social marketing plan to generate understanding and enhance utilization of Medicaid non-institutional long-term services and supports as appropriate options for individuals in need of long-term care and at risk of having to receive needed services and supports in institutional settings.
- o The plan will include materials and a curriculum to educate individuals, their family members, caregivers, providers, community agencies and DHHS staff about community services and supports options.
- Conducting the design and delivery of BIP-related functional and financial eligibility determination and enrollment processes, tools, and information required by CMS and approved by DHHS.
- o Documenting all processes for the purposes of developing business rules and preparing training materials and curricula.
- o The PME will leverage the expertise acquired and materials prepared to develop and conduct statewide trainings.
- o At such time as DHHS is prepared to automate these processes, providing technical assistance and support necessary to analyze, define, develop, test and implement necessary business rules and develop a procurement strategy for IT services needed to implement the required structural changes. These efforts will be in accordance with DHHS and DoIT guidelines and requirements.
- Collaborating with DHHS to design, develop business rules, and review available PME and DHHS expertise and resources to inform DHHS decisions regarding whether infrastructure deliverables shall be developed and implemented utilizing existing resources or whether the PME will be directed to subcontract with a qualified vendor.
- o DHHS anticipates that the PME will outsource the printing of informational materials, advertising plan development, and website development.
- Identifying, analyzing, and providing information on best practices relevant to planning, developing and implementing required infrastructure changes.
- Collaborating with DHHS to identify, collect and monitor qualitative and quantitative performance measures and outcomes. These measures and outcomes will be developed for each infrastructure deliverable. These measures and outcomes will be set out in the plan for performance monitoring.

3.1.3. Training Initiatives

The PME will develop, or procure as necessary and approved by DHHS, resources to provide in person and web-based trainings to support individuals, families, caregivers, providers, and staff in utilizing practices that are proven to be successful in keeping those in need of long-term care services and supports in their communities and out of institutions. This includes NH BIP Workplan, core competency, and community training needs. Web-based and train-the-trainer models will be pursued in order to advance sustainability of trainings.

Further, the infrastructure changes to be implemented through the NH BIP Workplan will require various levels of training for both DHHS staff and providers in the community. The PME will work with DHHS and stakeholders to develop and implement a comprehensive plan to train DHHS staff and stakeholders on various policy and system changes. In addition, the PME will work with the BIP project team to identify, develop and provide necessary updates to the functional assessment policies

and procedures, including training on the use of and electronic access to the modified assessment tools.

The PME will support training efforts through:

- Identifying training needs in conjunction with DHHS and stakeholders.
- Establishing collaborative relationships with DHHS and stakeholders throughout the state and fully engaging DHHS and stakeholders. Unless clearly stated otherwise, “stakeholders” include consumers, family members, caregivers, community partners and providers.
- Coordinating all aspects of training initiatives, either through directly developing and conducting training activities or through subcontracting with qualified trainers, as identified in the detailed project plan.
- Providing logistical support to plan, set up, and conduct face-to-face trainings, including coordination with trainers, provision of materials, identification, communication with and registration of potential attendees, as well as all on-site logistics.
- Identifying the technology needs and procuring qualified providers to make trainings available as web-based products and train-the-trainer models, including interactive functionality and capability to conduct testing/certification of trainees as appropriate.
- Providing technical assistance in developing a new training framework and outcomes driven system to support the implementation of the BIP.
- Collaborating with DHHS to identify, collect and monitor qualitative and quantitative performance measures and outcomes for each training initiative. These measures and outcomes will be set out in the plan for performance monitoring.

3.1.4. Community Supports and Services Initiatives

The PME will coordinate the development of a long-term services and supports infrastructure in New Hampshire to achieve long-term improvement resulting in an efficient and effective system of care. The PME will work with DHHS and stakeholders to leverage the structural changes and trainings that have been implemented in order to improve access to and availability of community-based long-term services and supports to allow those needing long-term care through Medicaid to remain in their communities to the greatest extent possible (while keeping institutional services available when they are necessary).

The PME will provide technical assistance to DHHS and other stakeholders to strengthen existing resources and realize new opportunities and innovative approaches to enhance Medicaid community-based LTSS in NH by:

- Developing a community long-term services and supports transformation plan. This effort will include:
 - o Reviewing previous efforts and existing plans developed by stakeholder organizations and DHHS program areas.
 - o Working with DHHS and stakeholders to identify needs, gaps, barriers and opportunities in the current system, along with options to address them.
 - o Identifying resources that could be shifted from current uses into more productive uses.
 - o Working with DHHS and stakeholders to develop strategies and inform long-term care systems transformation efforts.
- Establishing collaborative relationships with DHHS and stakeholders throughout the state and fully engaging DHHS and stakeholders. Unless clearly stated otherwise, “stakeholders” include consumers, family members, caregivers, community partners and providers.

- Coordinating the consideration of project proposals and requests for BIP funding, including receipt and organization of submissions, facilitating review and stakeholder involvement, and providing support for the DHHS decision-making process to approve/disapprove proposals and requests.
- Following approval of proposals or requests by DHHS develop, issue and review RFP's, develop and award contracts, disburse and track funds, and monitor implementation and progress of awarded initiatives.
- Collaborating with DHHS to identify, collect and monitor qualitative and quantitative performance measures and outcomes. These measures and outcomes will be developed for each approved community services and supports initiative. These measures and outcomes will be set out in the plan for performance monitoring.

3.1.5. Fiscal Intermediary Services

The PME will provide fiscal intermediary services for all BIP funds disbursed to the project management entity as well as to PME subcontractors and all contracts awarded for BIP deliverables and initiatives. The PME will keep detailed and accurate records of their activities and all approved projects funded using BIP funds (or any combination of BIP and other funds). The fiscal intermediary services provided through this contract will assist DHHS to efficiently and expeditiously allocate and expend the BIP funds, with the highest degree of accountability.

The PME will be responsible for management and distribution of BIP funds, including:

- Receipt of and financial accounting for the BIP funds award according to guidelines set forth by the State of NH.
- Management and payment of invoices related to BIP-funded projects.
- Financial reporting at the detail level for the PME, including all payments of funds, the uses of those funds, and balances for remaining funds.
- Financial reporting at the detail level for all funds disbursed by the PME for each BIP-funded initiative, including all payments of funds, the uses of those funds, and remaining balances for each initiative.
- Preparing and providing financial reports regarding utilization of BIP funds in accordance with a work plan and timeline approved by DHHS.
- Disbursing funds and monitoring the spending of funds by contractors.
- Compliance with state and federal BIP requirements, including those outlined in this contract and exhibits.
- Ensure that all BIP projects are completed and invoices for all projects are appropriately processed no later than September 30, 2014.
- An assurance that the PME will promptly refer to an appropriate inspector general any credible evidence that a person has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving BIP funds.

D. Deliverables Schedule: Refer to Scope

F. Budget and Invoicing Instructions: Campus will submit invoices to State on regular Campus invoice forms no more frequently than monthly and no less frequently than quarterly. Invoices will be based on actual project expenses incurred during the invoicing period, and shall show current and cumulative expenses by major cost categories. State will pay Campus within 30 days of receipt of each invoice. Campus will submit its final invoice not later than 90 days after the Project Period end date.

Budget Items	State Funding	Total
1. Salaries & Wages	410,490	410,490
2. Employee Fringe Benefits	184,772	184,772
3. Travel	4,400	4,400
4. Supplies and Services	111,393	111,393
5. Equipment	0	0
6. Facilities & Admin Costs	71,106	71,106
Subtotals	782,161	782,161
Total Project Costs:		782,161

EXHIBIT B

This Project Agreement is funded under a Grant/Contract/Cooperative Agreement to State from the Federal sponsor specified in Project Agreement article F. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant/Contract/Cooperative Agreement are hereby adopted in full force and effect to the relationship between State and Campus, except that wherever such requirements, regulations, provisions and terms and conditions differ for INSTITUTIONS OF HIGHER EDUCATION, the appropriate requirements should be substituted (e.g., OMB Circulars A-21 and A-110, rather than OMB Circulars A-87 and A-102). References to Contractor or Recipient in the Federal language will be taken to mean Campus; references to the Government or Federal Awarding Agency will be taken to mean Government/Federal Awarding Agency or State or both, as appropriate.

Special Federal provisions are listed here: ☒ None or .

